

PCMH Legislative Work Group  
September 8, 2016

**Attendees**

**Dr. Rob Stenger**, Partnership Health Center  
**Dr. Janice Gomersall**, Community Physicians Group  
**Bill Warden**, Hospital lobbyist  
**Todd Harwell**, DPHHS Public Health and Safety Division  
**Paula Block**, MTPCA  
**Erwin Austria**, Blue Cross Blue Shield of Montana  
**Desa Osterhout**, Blue Cross Blue Shield of Montana  
**Jody Haines**, Providence Medical Group  
**Kristen Schuster**, Glacier Medical Associates  
**Dr. Jonathan Weisul**, Allegiance Benefit Plan Management  
**Dr. Jonathon Griffin**, Blue Cross Blue Shield of Montana  
**Jo Thompson**, DPHHS Medicaid  
**Anna Buckner**, DPHHS Medicaid  
**Jessica Rhoades**, DPHHS Director's Office

**CSI Staff**

Christina Goe  
Amanda Roccabruna Eby  
Cathy Wright

Christina Goe began the meeting with a review of likely edits to the draft PCMH bill. These include deleting the words "temporary" and "terminates" throughout the law. Also removing the independent study language since it was one time only and the sunset provision.

Jessica Rhoades circulated a 2-page PCMH Talking Points document drafted by DPHHS and Manatt Consulting. It highlights the program structure and successes and progress in other states.

DPHHS supports removing the sunset provision from the PCMH law and repeated their continued support of the PCMH concept and Montana program.

Montana Primary Care Association also expressed their support of the Montana PCMH program and removing the sunset. However they have concerns about the payor opposition to the proposed legislation.

Discussion followed on further changes/fixes to the law. Dr. Stenger suggested allowing CPC+ selection as eligibility for qualification in the program instead of national accreditation. Dr. Griffin commented that some high functioning clinics aren't NCQA recognized but use LEAN or other methodologies that should be recognized.

Dr. Stenger suggested edits to allow more flexibility for clinics, especially with regard to national accreditation requirements. This will require amendments to the statutes as well as the rules. Subcommittee members agreed.

Dr. Weisul recommended removing the word “requires” and replace with more flexible language.

Christina will review the statutes and the rules and generally amend to allow more flexibility and will have draft ready for review by the September stakeholder council meeting.

Next, the work group reviewed the Administrative Rules for Patient-Centered Medical Homes (Chapter 6.6.49).

First suggested changes:

- Change reporting deadlines (for both payers and providers) to April 30;
- Change the Commissioner’s Public Report deadline to August 31;
- Add the line *the commissioner may request that the report also include other information necessary to the evaluation of the Montana patient-centered medical home program* to Section 6.6.4906 Subsection (2).
- Change 6.6.4907 Subsection (7) to read *data reporting requirements must be aligned with the CMS electronic Clinical Quality Measures (eCQM) standards*

Amanda will contact rural clinics for their suggestions on what to add the Administrative Rules to allow for more flexibility for qualification in the program beyond national accreditation. Kristen Schuster will also email Amanda ideas of things that could be considered that other practices are doing that aren’t in the program.